

Ronald Reagan Medical Center ● Santa Monica Medical Center ● Resnick Medical Center

Relationship Based Care is our way of connecting to UCLA's Vision for being: The Best People, Best Practice, Best Quality.

ELEMENT #1: CARING AND HEALING PRACTICE

- I. CORE VALUES, PATIENT ADVOCACY, PATIENT SAFETY, PATIENT AND FAMILY EDUCATION AND RESPECT FOR PATIENT AND FAMILY PREFERENCES ARE CONSISTENTLY DEMONSTRATED IN PRACTICE.**
 - A. How are we demonstrating this principle in our current practice? What specifically do we need to do more of? How will we engage all staff in developing their awareness of the importance of this principle?
 - B. Do we routinely ask patients and their families about their preferences? How do we know what's important to them? How do we pass that information on to others?

- II. CARING, COMPASSION AND CONNECTION ARE THE FOUNDATION FOR INTENTIONAL CARING IN ALL RELATIONSHIPS.**
 - A. What will this look like to patients? What will we do and say? What behaviors will demonstrate caring and compassion to our patients?

- III. CARING AND HEALING PRACTICES ARE VISIBLE IN RELATIONSHIPS, CLINICAL INTERVENTIONS, AND THE PHYSICAL SETTING TO MEET THE NEEDS OF PATIENTS AND THEIR FAMILIES.**
 - A. What care and healing practices are evident in this service? Should we ask them for their preference? What do we need to do more of?
 - B. What can we do to enhance the physical environment for our patients (ex. quiet times, neatness, or appearance)?

- IV. EMOTIONAL, PHYSICAL AND SPIRITUAL ASPECTS OF CARE ARE INCORPORATED INTO ASSESSMENTS, PLANS OF CARE, THERAPEUTIC RELATIONSHIPS, AND CARING INTERACTIONS.**
 - A. In what ways do we pay attention to the emotional, physical and spiritual aspects of care? What are the areas of improvement for us in our assessments, planning, relationships and interactions?
 - B. How do we communicate what we learn about patients as people to others?
 - C. How will we know, individually and collectively, when we are successful?

- V. ALL CAREGIVERS TAKE INDIVIDUAL RESPONSIBILITY TO CONTRIBUTE TO A THERAPEUTIC AND HEALING ENVIRONMENT FOR PATIENTS AND THEIR FAMILIES, AS WELL AS A HEALTHY WORK ENVIRONMENT FOR STAFF.**

Ronald Reagan Medical Center ● Santa Monica Medical Center ● Resnick Medical Center

Relationship Based Care is our way of connecting to UCLA's Vision for being: The Best People, Best Practice, Best Quality.

- A. What will it take for each of us to be aware of the importance of our individual contributions? How will we acknowledge and affirm one another? What will we say when performance isn't in keeping with this principle?

VI. CAREGIVERS WILL POSSESS THE SKILL AND KNOWLEDGE TO MANAGE THEIR OWN STRESS, ARTICULATE PERSONAL NEEDS AND VALUES, AND BALANCE THE DEMANDS OF THE JOB WITH THEIR PHYSICAL AND EMOTIONAL HEALTH AND WELL-BEING.

- A. Is staff encouraged to renew, recharge, and refocus on the essential work of patient care that they do? How can we take responsibility for ourselves? How can we support one another?
- B. Please review and discuss current scheduling practices and the impact on personal health. What changes could be made to promote personal and professional balance without affecting patient care and safety?
- C. What courses and other resources are available to us and our co-workers in the organization to develop skills and knowledge to manage stress and balance the demands of our job with our emotional health and well-being?

Ronald Reagan Medical Center ● Santa Monica Medical Center ● Resnick Medical Center

Relationship Based Care is our way of connecting to UCLA's Vision for being: The Best People, Best Practice, Best Quality.

ELEMENT #2: RESPONSIBILITY FOR RELATIONSHIP, DECISION-MAKING AND NURSING PLAN OF CARE

I. EACH PATIENT DESERVES TO HAVE A DESIGNATED RN TO PLAN AND COORDINATE THEIR CARE.

- A. What does this principle mean to you? Please discuss from the patient's perspective.
- B. How will the patient know who the designated RN is? What will the RN say and do?

II. THE UCLA RN IS RESPONSIBLE FOR ESTABLISHING AN INDIVIDUALIZED THERAPEUTIC RELATIONSHIP AND INDIVIDUALIZED PLAN OF CARE WITH THE PATIENT AND FAMILY FOR A DEFINED PERIODS OF TIME DETERMINED BY THE UNIT DIRECTOR, CLINICAL NURSE SPECIALIST/EDUCATOR AND THE RBC UNIT PRACTICE COUNCIL. *(Note for UPC: please meet with UD and CNS to determine the defined period of time for this unit)*

- A. Based on the needs of the patient, what will be the defined period of time?
Please consider the following factors:
 - Biopsychosocial and spiritual needs of patients and nurse competency
 - Preferences and requests of patients and families
 - Need for continuity of care across shifts
 - Importance of communicating information and the plan of care from one shift to the next, from unit to unit
- B. To meet the needs of the patient and their family, what will be the responsibility of the designated RN? Will the UCLA RN serve as a Primary Nurse with responsibility for the length of stay? Or from shift to shift? What's the best interest of the patient?
- C. What will the UCLA RN say and do to establish the therapeutic relationship and plan of care? How will the patient/family know this is being accomplished?
- D. How will the designated RN be known to patients and staff?

III. THE UCLA RN DEVELOPS AND UPDATES AN INDIVIDUALIZED PLAN OF CARE BASED ON AN INITIAL ASSESSMENT AND CONTINUOUS REASSESSMENTS OF PATIENT'S PREFERENCES, BIOPSYCHOSOCIAL AND SPIRITUAL NEEDS.

- A. What aspects of current practice are in accordance with this principle? What changes will need to be made to current practices?
- B. How often are shift reassessments (q 12HR) completed on each patient? What measurement are we using?

Ronald Reagan Medical Center ● Santa Monica Medical Center ● Resnick Medical Center

Relationship Based Care is our way of connecting to UCLA's Vision for being: The Best People, Best Practice, Best Quality.

- C. How will the relationship and the plan of care be transitioned from shift to shift?
- D. What tools, communication processes will be used, need to be developed?
- E. What will the RN do to coordinate nursing care with the medical and interdisciplinary plan of care?

IV. THE UCLA RN INCORPORATES CLINICAL REASONING, THEORY AND EVIDENCE BASED POLICIES, AND GUIDELINES INTO THEIR PROFESSIONAL NURSING CARE OF PATIENTS.

- A. Based on a review of current practice, what are we doing well and what needs to change?
- B. How will the UCLA RN develop and demonstrate these competencies? What resources will be available?

V. THE UCLA RN IS RESPONSIBLE FOR IMPLEMENTING AND COORDINATING THE PATIENT'S INDIVIDUALIZED PLAN OF CARE, FACILITATING THE APPROPRIATE LEVEL OF CARE, AND THE TIMELY TRANSITION TO THE RIGHT SETTING FOR THE PATIENT.

- A. What are we currently doing to accomplish this principle? What needs to change?
- B. How will you communicate with other members of the nursing team? What tools and practices can be used or developed?
- C. Are there ways we could make change of shift more efficient and effective in communicating with patient?
- D. How do we coordinate care with the nursing team from shift to shift?

VI. BASED ON THE PLAN OF CARE, ALL RNS LEAD THE NURSING CARE TEAM IN PROVIDING ACTIVITIES OF CARE WITHIN THE CONTEXT OF A CARING RELATIONSHIP WITH THE PATIENT AND FAMILY AND THE SCOPE OF THEIR PRACTICE, RESPONSIBILITIES AND COMPETENCIES.

- A. How do we demonstrate caring with our patients while accomplishing activities of care? What does caring look like to our patients?
- B. List the roles of the nursing team on this unit and define the scope of their roles.
- C. What are the educational needs of the staff on this unit to be proficient in therapeutic caring relationships as well as clinical competencies?

Ronald Reagan Medical Center ● Santa Monica Medical Center ● Resnick Medical Center

Relationship Based Care is our way of connecting to UCLA's Vision for being: The Best People, Best Practice, Best Quality.

ELEMENT #3: SCHEDULES, ASSIGNMENTS AND WORK ALLOCATION

- I. STAFF SCHEDULES AND PATIENT ASSIGNMENTS ARE PATIENT DRIVEN TO ENSURE CONSISTENCY OF CARE AND CONTINUITY OF RELATIONSHIPS.**
 - A. What scheduling practice will need to be maintained and or change on this unit to provide for continuity of relationships of nurses and patients?
 - B. What do we know about patient flow that we need to take into account in our scheduling practices to promote continuity?
 - C. What changes will be made to facilitate the continuity of the nurse/patient relationship?

- II. THE UCLA RN HAS THE RESPONSIBILITY, AUTHORITY, AND ACCOUNTABILITY FOR DETERMINING THE KIND AND AMOUNT OF NURSING CARE A PATIENT WILL RECEIVE. WHAT ACTIVITIES OF CARE REQUIRE THE KNOWLEDGE OF THE RN AND WHAT ACTIVITIES OF CARE CAN BE DELEGATED TO OTHER CAREGIVERS IN ORDER TO PROVIDE QUALITY CARE.**
 - A. Please discuss the unique aspects of nursing care on this unit. Distinguish activities of independent nursing from dependent (medically delegated) and interdependent (interdisciplinary).
 - B. Within the context of the California Nurse Practice Act, JCAHO and hospital policies what work needs to be RN-only work in this department? How can the resources of new graduates, LPNs, CNAs, techs and student nurses be best utilized?
 - C. What are the guidelines for delegation in this unit? Does the RN analyze the knowledge of the direct caregiver delegate to determine if the delegate is capable of this piece of work? Differentiate knowledge-based work from task-based work.
 - D. What non-value added work needs to be given up? How can we be more creative in the organization of our work?
 - E. In what ways will we affirm one another's contributions to patient care?

- III. IN RELATIONSHIP WITH ONE ANOTHER, ALL NURSING CAREGIVERS WORK AS A TEAM CONTRIBUTING THEIR KNOWLEDGE AND EXPERTISE IN THE BEST INTEREST OF THE PATIENT.**
 - A. From the patient perspective, what are we doing well? What needs improvement?
 - B. On a daily basis, what will it take for us to make the most of each of our contributions?

Ronald Reagan Medical Center ● Santa Monica Medical Center ● Resnick Medical Center

*Relationship Based Care is our way of connecting to UCLA's Vision for being: The
Best People, Best Practice, Best Quality.*

**IV. ASSIGNMENTS ARE ALIGNED WITH THE PATIENT NEED, CONTINUITY OF RELATIONSHIP, CAREGIVER
COMPETENCY, AND RESOURCE MANAGEMENT.**

- A. Review current assignment practices to determine what is in keeping with this principle, what needs to change, and why? What are the advantages to the patient and staff?

Ronald Reagan Medical Center ● Santa Monica Medical Center ● Resnick Medical Center

Relationship Based Care is our way of connecting to UCLA's Vision for being: The Best People, Best Practice, Best Quality.

ELEMENT #4: COMMUNICATION WITH THE HEALTH TEAM

NOTE: During the discussions about the interface of the professional nursing practice model with other disciplines and departments a dialogue with them is recommended to promote the achievement of mutually desired results.

- I. THE FOCUS OF COMMUNICATION IS ON THE PATIENT, THE PATIENT'S PREFERENCES, AN INDIVIDUALIZED PLAN OF CARE, CURRENT ASSESSMENTS, AND SHARED INTERDISCIPLINARY GOALS.**
- II. BASED ON AN INDIVIDUALIZED RELATIONSHIP AND PLAN OF CARE, THE UCLA RN COMMUNICATES DIRECTLY WITH NURSING CAREGIVERS, THE PHYSICIAN(S), AND THE INTERDISCIPLINARY TEAM.**
 - A. What will be the tools and methodologies for the designated UCLA RN to gather the patient's story, conduct a biopsychosocialspiritual assessment of the individual patient, and to communicate that information to others in an effective manner?
 - B. What documentation, communication, and/or reporting activities will need to be in place?
 - C. What routines will strengthen the relationship of the nurse with the physician and other disciplines (charting, rounds, care conferences)? What current practices are effective? What will need to change?
 - D. How can this information sharing be streamlined to reduce redundancies and fragmentation
- III. THE UCLA RN ADVOCATES FOR THE PATIENT (AND FAMILY) BY USING THE CHAIN OF COMMAND TO PROVIDE A TIMELY INDIVIDUALIZED INTERVENTION FOR THE PATIENT.**
 - A. What is the "chain of command" on this unit? What do you think may be some barriers to nursing using the chain of command on this unit? What works well and what needs to change to facilitate a timely intervention for the patient?
 - B. Describe and record the delineations of the role responsibilities of the designated UCLA RN, the Charge Nurse, and/or the Case Manager?
- IV. ALL CAREGIVERS TAKE INDIVIDUAL RESPONSIBILITY FOR THEIR CONTRIBUTION TO TEAMWORK AND COLLABORATIONS WITH A FOCUS ON PATIENT AND FAMILY.**
- V. BASED ON THEIR PROFESSIONAL RESPONSIBILITY AND KNOWLEDGE, INDIVIDUALS FROM EACH CLINICAL DISCIPLINE CONTRIBUTE THEIR EXPERTISE AND WORK COLLABORATIVELY TO PROVIDE THE BEST HEALTHCARE EXPERIENCE AND CLINICAL OUTCOMES POSSIBLE DURING THE HOSPITAL STAY AND THROUGHOUT THE CONTINUUM OF CARE.**

Ronald Reagan Medical Center ● Santa Monica Medical Center ● Resnick Medical Center

Relationship Based Care is our way of connecting to UCLA's Vision for being: The Best People, Best Practice, Best Quality.

- A. Reflecting on #4 and #5, what are we doing well? What are our opportunities for improvement?

ELEMENT #5 LEADERSHIP

- I. LEADERS ENGAGE STAFF TO ACHIEVE THE VISION OF UCLA HEALTH BY FACILITATING PROFESSIONAL DEVELOPMENT, AUTONOMY, PARTICIPATION, COLLABORATION, AND CREATIVITY AT THE POINT OF CARE.**
- A. In what ways will the nursing leadership team (Unit Director, CNS, and/or Charge Nurse) and staff create a shared vision for RBC for this unit? How will it be used? How will it be communicated to others?
 - B. How will the nursing leadership and staff communicate to support one another in the development process? What will it take?
 - C. How can the Unit Director be most helpful in the implementation of RBC in a way that nurtures a unit-based decision-making council?
 - D. Clarify and describe the responsibility, authority, and accountability of the Director, CNS and the RBC Unit Practice Council.
- II. UNIT LEADERSHIP OWNS THE SUCCESS OF THEIR PROGRAM AND FOSTERS A CLEAR FOCUS ON THE PURPOSE OF THE WORK-PROVIDING QUALITY PATIENT CARE-BY ARTICULATING EXPECTATIONS FOR PERFORMANCE, MODELING RELATIONSHIPS WITH PATIENTS AND THEIR FAMILIES BY FACE TO FACE CONTACT, PROMOTING COMPETENCY DEVELOPMENT, AND RECOGNIZING CONTRIBUTIONS.**
- A. In what specific ways does the Unit Leadership create a professional practice environment? What is the responsibility of the Director and the staff?
 - B. What is each person's contribution to a healthy work environment so that caregivers are centered and energized to give compassionate care?
- III. LEADERS SELECT, EVALUATE, AND PROMOTE STAFF BASED ON RELATIONSHIP-BASED CARE COMPETENCIES AND FACILITATE THE DEVELOPMENT AND CONTINUOUS IMPROVEMENTS OF RELATIONSHIP-BASED CARE ON THEIR UNITS.**
- A. How will principles of RBC be incorporated into these responsibilities of the Unit Leaders?
 - B. How will continuous learning be provided in the three domains of competency: clinical, interpersonal, and critical thinking?

Ronald Reagan Medical Center ● Santa Monica Medical Center ● Resnick Medical Center

Relationship Based Care is our way of connecting to UCLA's Vision for being: The Best People, Best Practice, Best Quality.

- C. How will Relationship-Based Care competencies be measured for evaluations and promotions? What are the Relationship-Based Care competencies on the current job descriptions and performance evaluations for the RN, CCP and ACP?
- D. What type of training do new staff receive in Relationship-Based Care? How are new staff oriented to RBC on your unit? How does your unit ensure new staff RBC competencies as you ensure their other clinical competencies (IE: take vital signs, taking off physician orders, starting an IV, or administering medication)?

IV. THE UCLA HEALTH RN DEMONSTRATES PROFICIENCY IN THE DOMAINS OF COMPETENCY: CLINICAL-TECHNICAL, CRITICAL THINKING, AND INTERPERSONAL SKILLS.

- A. How will the UCLA HEALTH RN demonstrate personal responsibility for his/her development in these domains of competency?
- B. What resources are available to promote development?

Ronald Reagan Medical Center ● Santa Monica Medical Center ● Resnick Medical Center

Relationship Based Care is our way of connecting to UCLA's Vision for being: The Best People, Best Practice, Best Quality.

ELEMENT #6: PROCESS IMPROVEMENTS

Note: For this section it is recommended that the unit leadership team and RBC Council and engage in meaningful dialogue to establish a vision for care on the unit, mutual expectations and guidelines that can be affirmed and achieved.

- I. **THE UNIT PRACTICE COUNCIL, IN COMMUNICATION WITH THE UNIT DIRECTOR, THE CLINICAL NURSE SPECIALIST, AND THE STAFF THEY REPRESENT, HAS THE RESPONSIBILITY FOR UNIT PLANS SPECIFIC TO EACH OF THESE PRINCIPLES AND MUTUAL PROBLEM-SOLVING OF UNIT PROCESS ISSUES.**
- II. **INDIVIDUALS TAKE INITIATIVE AND RESPONSIBILITY TO WORK TOGETHER TO SOLVE PROCESS ISSUES AT THE UNIT LEVEL AND COMMUNICATE ISSUES THAT GO BEYOND THE SCOPE OF THE UNIT TO THE UNIT DIRECTOR/NURSE MANAGER AND THE CLINICAL NURSE SPECIALIST; WHO, IN TURN, ENGAGE IN PROBLEM SOLVING WITH OTHER DISCIPLINES AND DEPARTMENTS.**
- III. **EVERYONE WORKS COLLABORATIVELY AND CREATIVELY TO STREAMLINE THE PROCESSES OF CARE; INCLUDING COMMUNICATION THAT SUPPORTS THE CONSISTENCY AND CONTINUITY FOR THE PATIENT AND THEIR FAMILIES.**
 - A. Discuss the concepts of responsibility, authority (levels I, II, III and IV), and accountability and how they apply to the role of the Unit Director, the CNS, the RBC Council, and staff for problem-solving-unit issues.
 - B. What will be the scope of responsibility for the Unit Practice Council for decision-making and problem-solving on this unit? How will they share information with staff and get their input for plans and decisions?
 - C. How will you engage staff members (ACP, CCP, LPN, RN) on your unit in improving work processes on your unit (for example, change of shift report, break assignments, ensuring patient hygiene needs are met, etc.)?

Ronald Reagan Medical Center ● Santa Monica Medical Center ● Resnick Medical Center

Relationship Based Care is our way of connecting to UCLA's Vision for being: The Best People, Best Practice, Best Quality.

- D. How will they communicate issues that go beyond their scope of responsibility to Unit Leadership? How will the Unit Leadership communicate their findings to the Unit Practice Council?

Note: for this section it is recommended that the Unit Leadership Team and RBC Council engage in meaningful dialogue to establish a vision for care on the unit, mutual expectations and guidelines that can be affirmed and achieved.

Principles for Relationship-Based Care at UCLA are based on the Appreciative Inquiry findings that have been reviewed and revised by "Team UCLA" and the UCLA Nursing Executive Team.